

Georgia Board of Nursing – Initial Authorization as an Advanced Practice Registered Nurse

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Advanced practice registered nurses may use this application. Applicants must be licensed as a registered nurse in Georgia, have a multistate registered nurse license from another Nurse Licensure Compact jurisdiction or have a temporary registered nursing permit issued by the Georgia Board of Nursing.
3. The Board has waived the application fee.
4. Have your completed and signed application notarized.
5. Submit your completed application to the Georgia Board of Nursing for processing. Applications are processed in the order in which they are received.
6. Temporary permits may be verified by visiting www.nursys.com.
7. If issued, the temporary permit will initially expire after thirty (30) days; however, the Board will extend the permits while a state of emergency, as declared by the Governor, exists in Georgia. Nurses will not have to submit a request to renew the temporary permit.

You must not engage in practice as an advanced practice registered nurse in Georgia until your temporary permit appears as active on www.nursys.com.

Georgia Board of Nursing – Information for APRNs Seeking Prescriptive Authority

If you plan to seek prescriptive authority in Georgia under O.C.G.A. § 43-34-25 you must first have a nurse protocol agreement approved by the Georgia Composite Medical Board. Please use the following guide to complete the process:

1. Submit your application for temporary authorization as an APRN to the Georgia Board of Nursing.
2. After you have been authorized as an APRN by the Georgia Board of Nursing please visit the Georgia Composite Medical Board's website at www.medicalboard.ga.gov, click on "Professional Resources," select "Applications Center" and select the link for "Nurse Protocol (APRN) Agreement." Follow the online instructions to submit your application for approval. Write "Emergency" on the top of all applications to ensure that review of your agreement is prioritized.
3. After your nurse protocol agreement has been approved by the Georgia Composite Medical Board please contact the Drug Enforcement Agency (DEA) at www.dea diversion.usdoj.gov/drugreg for information on submitting your application for a DEA number. Please note, you must be authorized as an APRN by the Georgia Board of Nursing and have a nurse protocol agreement approved by the Georgia Composite Medical Board prior to seeking a DEA number.
4. Georgia law requires all prescribers to register with the Georgia Prescription Drug Monitoring Program. Please visit <https://dph.georgia.gov/pdmp> for information regarding the registration process.



Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825 www.sos.ga.gov/plb/nursing

Please submit your complete application by email to nursing@sos.ga.gov. Please include "COVID-19" in the subject line.

**Application for 30 Day Temporary Permit
COVID-19 Emergency Relief
Advanced Practice Registered Nurse
No Application Fee**

Name of Employing Facility or Agency:		
Demographic Information Please Print Legibly or Type all Information		
Last Name:		First Name:
Middle Name:		Previous Name(s):
Social Security Number:		Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email:
Physical Address Information – Applicants must provide a physical address of record. A post office box is not acceptable for this field.		
Physical Address:		
City:		State: Zip:
Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.		
Mailing Address:		
City:		State: Zip
Phone:		Alternate Phone:
APRN Licensure Information		
Please list the state or jurisdiction where you are currently licensed as an APRN:		
Licensure and Authorization Information Applicants must provide information regarding their registered nursing license issued by the Georgia Board of Nursing or other Nurse Licensure Compact jurisdiction		
RN License or Temporary Permit Number:		
Please select the APRN role for which you are seeking a temporary permit. You must submit a separate application for each APRN role.		
<input type="checkbox"/> Certified Nurse Midwife <input type="checkbox"/> Certified Nurse Practitioner <input type="checkbox"/> Certified Registered Nurse Anesthetist <input type="checkbox"/> Clinical Nurse Specialist-Psychiatric/Mental Health <input type="checkbox"/> Clinical Nurse Specialist		

APRN Certification Information

Applicants must provide verification of national certification from one of the certifying bodies listed in Board Rule 410-11-.12.

Name of National Certifying Body:

National Certification Number:

Date of Certification:

APRN Nursing Education Information

To ensure that our licensure records contain all information regarding your APRN education please complete the section below.

APRN School Name:

Location of APRN
Education Program:

City:

State:

Zip:

Date of Graduation:

Degree Awarded: ☐ Associate Degree ☐ Baccalaureate Degree

☐ Master's Degree ☐ Doctorate ☐ Other

Criminal and Disciplinary Information

Failure to reveal an offense, arrest, ticket, or citation may subject your license to a disciplinary order and fine.

Have you ever been arrested? ☐ No ☐ Yes

If yes, please submit, with your application, a certified copy of the court records showing the final disposition of all charges and letter of explanation which addresses each charge.

Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

Has any licensing authority in Georgia or any other jurisdiction ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ No ☐ Yes

Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? ☐ No ☐ Yes

Are you currently under investigation or is a disciplinary action pending against your nursing license or any other license or certification you hold in any state or territory of the United States? ☐ No ☐ Yes

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? ☐ No ☐ Yes

Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? ☐ No ☐ Yes

Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of nursing? ☐ No ☐ Yes

Applicant Affidavit

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Nursing and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page 9 of the application packet.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Nursing and/or criminal prosecution.

Printed Name of Applicant

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Submit your completed application by email to nursing@sos.ga.gov. Include "COVID-19" in the subject line. Your temporary permit will be available for verification at www.nursys.org.